Evidence for change of age shwon on:

FILM No. G 126 JUN 21 1950

06177

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) B. (Last) Towie

4. DATE OF DEATH (Month) June (Day) 9 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 17, 1891
9. AGE last birthday 58 ~~59~~ yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman, Naval Powder Fctry
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John T. Bowie
14. MOTHER'S MAIDEN NAME Susie W. Pasey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. James B. Bowie, Pisgah, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

(c) Gen. Art. Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

INTERVAL BETWEEN ONSET AND DEATH 6-4-50

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4, 1950, to 6-9, 1950, that I last saw the deceased alive on 6-9, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen M.D. (Degree or title) ADDRESS La Plata Md DATE SIGNED 6-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/11/50
NAME OF CEMETERY OR CREMATORY Durham
LOCATION (City, town, or county) (State) Nanjemoy, Md

DATE REC'D BY LOCAL REG. 6/10/50
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

Mailed 6/13/50

31697

M

260x

I

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 15 1950
BUREAU U. S.

06178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

M

C

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physician Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) Joseph (Middle) Richard (Last) Campbell

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 17, 1949
9. AGE last birthday yrs. If under 1 year Months 11 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Campbell
14. MOTHER'S MAIDEN NAME Viola Harkerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Joseph Campbell, Pisgah, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchial Pneumonia	6-24-50
056.1 Antecedent cause(s)		
9 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pertussis	6-10-50
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24, 1950 to 6-25, 1950, that I last saw the deceased alive on 6-25, 1950, and that death occurred at 10:40 p m., from the causes and on the date stated above.

SIGNATURE E. Adelan (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 6-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/27/50
NAME OF CEMETERY OR CREMATORY St. Charles
LOCATION (City, town, or county) (State) Glymont, Md

DATE REC'D BY LOCAL REG. 6/26/50
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Penny & Copher, Mason Springs Md ADDRESS

9-V-7-17-9-99-V-99-V

RECEIVED
JUN 27 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

D6179

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marbury
LENGTH OF STAY (In this place): 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: /

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marbury
STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Robert	Clark	June	8	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 16, 1888	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Owner Farm	Orange County, Va.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wyatt A. Clark	Isbra Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Wm A Bell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Crushing injury of back, result of	Immediate.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) tractor overturning and landing on	
	(c) lumbar spine (specifically).	

835.1
170 c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm	Marbury	Charles	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
June 8 1950 4 P.M.		Tractor overturned & landed on deceased.

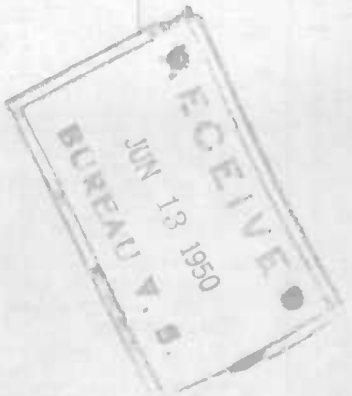
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Timothy Swan M.D.		Indian Head Md.	6-8-50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-11-50	Pork Hill Cemetery	Marbury	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-11-50	Mary Sweitzerland	Hunter Ryon	Waldorf, Md.

OOOVV


RECEIVED
JUN 13 1950
BUREAU F. S.

06180

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Chas MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Bernard (Last) Goldsmith

4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 1950

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct 16 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director
10b. KIND OF BUSINESS OR INDUSTRY Hunt & Ryon
11. BIRTHPLACE (State or foreign country) Garland Green Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas J Goldsmith
14. MOTHER'S MAIDEN NAME Margaret Stonestreet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-03-3588
17. INFORMANT Lorraine Goldsmith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

835.1 Immediate cause (a) Crushed chest — Minutes

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Farm machine accident — Minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Waldorf (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 11 (Year) 1950 (Hour) 10 00 A. m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Tractor turned over while pulling stump

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James L. MacKavanagh, M.D. (Degree or title) Deputy Medical Examiner ADDRESS La Plata, Md. DATE SIGNED 6-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF June 14 1950 NAME OF CEMETERY OR CREMATORY St Peters LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 6-12-50 REGISTRAR'S SIGNATURE M. L. Mourer
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf

V6489

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVE
JUN 13 1950
BUREAU V. S.

06181

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

M

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Rison
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS King's Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Rison
STREET ADDRESS (If rural, give location) Chicamuxen

3. NAME OF DECEASED (Type or Print) (First) Marshall (Middle) Hannibal (Last) Gray
4. DATE OF DEATH (Month) 6 (Day) 23 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 6, 1932
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY House building
11. BIRTHPLACE (State or foreign country) Chicamuxen, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Sylvester Gray
14. MOTHER'S MAIDEN NAME Alberta Smallwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Sylvester Gray (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH Minutes

850.8
183

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Potomac River
(CITY OR TOWN) Mr. Rison (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 23 (Year) 1950 (Hour) 6:00 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Dove from boat; unable to retrieve it.

22. *I certify that I took charge of the remains described above, held an Autapsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autapsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, hamicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata, Md. 6-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/27/50
NAME OF CEMETERY OR CREMATORY Alexander
LOCATION (City, town, or county) (State) Rison Md
DATE REC'D BY LOCAL REG. 6/26/50
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hewitt & Ryan ADDRESS

988V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

RECEIVED
JUN 27 1950
BUREAU T. S.

Evidnece for change of birth date shwon on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06182

FILM No. G 126 JUN 22 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY: Charles — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aquasco
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Jefferson (Last) GRIMES

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-21-1879

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Ref. Retired

11. BIRTHPLACE (State or foreign country): Pr. Geo. Co., Md

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Warren Grimes

14. MOTHER'S MAIDEN NAME: E. Bibbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Ruby Simpel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x **Immediate cause** (a) CEREBRAL THROMBOSIS, LEFT — Interval Between Onset and Death: 7 days.

Antecedent cause(s)

95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CEREBRAL ARTERIO-SCLEROSIS — 5 years

(c) ESSENTIAL HYPERTENSION WITH CARDIAC HYPERTROPHY — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1947, to June 8, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 2 50 A.m., from the causes and on the date stated above.

SIGNATURE: John N. Griffin, (Degree or title) M.D. ADDRESS: Hughesville DATE SIGNED: 6/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/10/50 — NAME OF CEMETERY OR CREMATORY: Emanuel — LOCATION (City, town, or county) (State): Baden Md.

DATE REC'D BY LOCAL REG.: 6/10/50 — REGISTRAR'S SIGNATURE: Julia A. Casey

24. FUNERAL DIRECTOR: Hewitt & Ryon — ADDRESS: Waldorf, Md.

30285

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 14 1950
BUREAU V. S.

W. John Griffin

06183

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Dubois Charles Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farmer

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dubois Charles Co COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Farmer

3. NAME OF DECEASED (Type or Print) (First) John (Middle) J (Last) Heiliger
4. DATE OF DEATH (Month) June (Day) 30 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Feb 1 - 1863
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Balto city Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME — Lemkuhl - LEMKUHL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Lulu May Heiliger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio-Sclerotic Heart Disease, Cardiac Failure	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-Sclerosis	20 years
	(c) Cerebral Arterio-Sclerosis, Advanced	10 years

331X
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1947, to June 30, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 3 55 a.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, (Degree or title) M.D. ADDRESS Hughesville, Md. DATE SIGNED 6/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/3/50
NAME OF CEMETERY OR CREMATORY Lowdon Park
LOCATION (City, town, or county) Frederick Rd. (State)
DATE REC'D BY LOCAL REG. 6/30/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Edward Toulson ADDRESS 2359 wash Blvd Balto 30 Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

06184

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH — COUNTY: Charles — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 22, 1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Ref.

11. BIRTHPLACE (State or foreign country): Elymat Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Thompson Lucas

14. MOTHER'S MAIDEN NAME: Maria Johnson Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Alice Thompson, Hughesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY SCLEROSIS WITH THROMBOSIS — Interval Between Onset and Death: 12 HOURS

420,1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIO-SCLEROSIS — 10 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 1, 1950, to JUNE 16, 1950, that I last saw the deceased alive on JUNE 16, 1950, and that death occurred at 9.30 A. m., from the causes and on the date stated above.

SIGNATURE: John W. Griffin — (Degree or title): M. D. — ADDRESS: Hughesville — DATE SIGNED: June 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/19/50 — NAME OF CEMETERY OR CREMATORY: Old Fields — LOCATION (City, town, or county) (State): Hughesville, Md

DATE REC'D BY LOCAL REG.: 6/19/50 — REGISTRAR'S SIGNATURE: Julia A Casey

24. FUNERAL DIRECTOR — ADDRESS: Hunt & Ryon, Waldorf, Md

VS. A15

RECEIVED
JUN 26 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06185

Evidnece for change of age shown on:

FILM No. G 127 AUG 3 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Washington (Middle) Grant (Last) Lyon

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 30, 1861

9. AGE last birthday: 88 86 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): La Plata, Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Theodore Lyon

14. MOTHER'S MAIDEN NAME: Anne E. Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Louis Raley, LaPlata Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6-24-50

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 5-1-48

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1950, to 6-24, 1950, that I last saw the deceased alive on 6-24, 1950, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE C. J. Adelen (Degree or title) ADDRESS LaPlata, Md DATE SIGNED 6-26-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 6-27-50; NAME OF CEMETERY OR CREMATORY: Mt. Rest; LOCATION (City, town, or county) (State): La Plata, Md.

DATE REC'D BY LOCAL REG. 6/26/50; REGISTRAR'S SIGNATURE: Julia A. Veney

24. FUNERAL DIRECTOR: Hurst & Ryon, Waldorf Md. ADDRESS

OOOVV

RECEIVED
JUN 30 1980
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06186

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Richardson	Mudd	June	11	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		7-30-1865	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Ref.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Richards
14. MOTHER'S MAIDEN NAME: Mary Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Webster Mudd, Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral vascular accident	2 hrs
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease.	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): —
(COUNTY): —
(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 March, 1950, to 11 June 1950, that I last saw the deceased alive on 11 June, 1950, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. O. Woodley	M.D.	La Plata Md.	11 June 50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/14/50	St. Peters	Waldorf Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/12/50	Julia H. Posey	Huntt & Ryon,	Waldorf Md

RECEIVED
JUN 14 1950
BUREAU V. S.

M

06187

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH- COUNTY: Charles — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) B.	(Last) Queen	4. DATE OF DEATH	(Month) June (Day) 6 (Year) 1950
5. SEX: M	6. COLOR OR RACE: Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: about 1873	9. AGE last birthday: 76 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Tenant	11. BIRTHPLACE (State or foreign country): Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: John Queen	14. MOTHER'S MAIDEN NAME: Betty Johnson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	6-6-50
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen. Art. Scl.	5 yrs.
	(c)	

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Med. Examiner's Case 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Nedelen	M.D.	La Plata Md	6-7-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 6/9/50	NAME OF CEMETERY OR CREMATORY: Sacred Heart	LOCATION (City, town, or county) (State): La Plata, Md.
DATE REC'D BY LOCAL REG.: 6/9/50	REGISTRAR'S SIGNATURE: Julia H. Vasey	24. FUNERAL DIRECTOR: Hunt & Ryan, Waldorf	ADDRESS: Md.

000W

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1950
BUREAU V. S.

06188

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Items 3-8-9: F, 1m G 197 5-21-56-L

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel alton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) R. H. (Last) Rice

4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 7, 1880 1879
9. AGE last birthday ~~70~~ 71 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) St. Marys Co, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Thomas S. Rice
14. MOTHER'S MAIDEN NAME Elizabeth Ching

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Mrs Lela Rice (Bel alton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 5-20-50

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 2-11-49

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11-, 1949, to 5-20, 1950, that I last saw the deceased alive on 6-6, 1950, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 6-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/9/50
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) (State) Bel alton, Md.

DATE REC'D BY LOCAL REG. 6/9/50
REGISTRAR'S SIGNATURE Julia H. Casey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06189

Reg. Dist. No. 160

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata; LENGTH OF STAY (in this place) ½ day
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
   STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Wilfred (Last) Richardson

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-10-50

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min. one

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): La Plata, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alaysius Leonard Richardson

14. MOTHER'S MAIDEN NAME: Beulah Agatha Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
    (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Beulah Richardson, Bel Alton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
761.0	Immediate cause	(a) Asphyxia neonatorum	5 min.
	Antecedent cause(s)		
160 C	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dystocia due to excessive size of fetus (shoulder impaction)	5 min.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on June 10, 1950, to ....., 19....., that I last saw the deceased alive on June 10, 1950, and that death occurred at 2:01 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. MacKavanagh, M.D., ADDRESS La Plata, Md. DATE SIGNED 6-10-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/11/50 | NAME OF CEMETERY OR CREMATORY: St. Ignatius | LOCATION (City, town, or county) (State): Bel Alton Md

DATE REC'D BY LOCAL REG.: 6/10/50 | REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Alaysius L. Richardson, ADDRESS: Bel Alton Md.

Mailed 6/13/50

2-0-6-10-0-37-1-409

RECEIVED
JUN 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06190

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct name if possible. Middle name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: County: Charles City or town: Waldorf Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)

State: Md County: Chas

City or town: Waldorf Md (If outside city or town limits, write RURAL and give nearest town)

Street No.: (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Richard T. Stewart

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Negro	Widowed

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 1 - 1857

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
92				

9. Birthplace: Charles Co Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Tenant

FATHER — 12. Name: Thomas Stewart

FATHER — 13. Birthplace: Chas Co

MOTHER — 14. Maiden name: Dorothy A

MOTHER — 15. Birthplace: Chas Co Md

16. Informant: Maggie Rumsey

Address: Waldorf md

17. Burial, cremation, or removal. Which? Burial Date thereof: 6-22-54 (month) (day) (year)

Cemetery or crematory: St Peters

Location: Waldorf Md

18. Funeral director: Hunt & Ryon

Address: Waldorf Md

19. 6-21 19 (Date rec'd by registrar) M. L. McDaniel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/19 19 50, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/20 19 50, to 6/19 19 50

and that I last saw h[illegible] alive on 6/19 19 50

Immediate cause of death	DURATION
Myocardial Apoplexy	
Due to: Senility	
Age - 96 yrs.	yrs.
Due to:	
Other conditions: 434.3	
950	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Geo. L. Weber M. D. (M. D. or other)

Address: Waldorf, Md Date signed: 6/21/50

606 VV

RECEIVED
JUN 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06191

CERTIFICATE OF DEATH

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Marvin (Last) Warren

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug 15 1890

9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher-Grades

10b. KIND OF BUSINESS OR INDUSTRY: Mt. Hope School.

11. BIRTHPLACE (State or foreign country): Sharps, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joseph F. Clayton

14. MOTHER'S MAIDEN NAME: Rosa L. Jessup

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Minnie E. Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 4 mos

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C-V Renal Disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1947, to 6-24, 1950 that I last saw the deceased alive on 6-24, 1950, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Percival G. Smith D.D. | Indian Head, Maryland | 6-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 6/27/50 | NAME OF CEMETERY OR CREMATORY Hill Top - Babist | LOCATION (City, town, or county) (State) Hill Top, Md.

DATE REC'D BY LOCAL REG. 6-24-50 | REGISTRAR'S SIGNATURE Mary Smith Md

24. FUNERAL DIRECTOR | ADDRESS

Montgomery Bros. | 913 Florida ave. N.W. V 3491

RECEIVED
JUL 3 1950
BUREAU

06192

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Pisgah (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Pisgah (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: 2nd World War

3. (a) FULL NAME: Irving Leslie Welch

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sep. 11 1905

8. AGE: Years 44 Months 9 Days 16 If less than one day hrs. min.

9. Birthplace: Pisgah Charles Co, Md. (Town, county, and state)

10. Usual occupation: Powder factory attendant

11. Industry or business: Retired.

FATHER
12. Name: John Thomas Welch
13. Birthplace: Pisgah, Md

MOTHER
14. Maiden name: Bertha Wilbur
15. Birthplace: Rowing Branch, Penn.

16. Informant: Jas. Herman Bowie

Address: Pisgah Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 30, 1950. (month) (day) (year)

Cemetery or crematory: Methodist

Location: Pisgah, Md

18. Funeral director: Hunt & Ryon.

Address: Waldorf, Md.

19. 6/28 19 50 (Date rec'd by registrar) Mary Sutherland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1950 at 2 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1949 to June 27 1950 and that I last saw him alive on June 1950

Immediate cause of death: Ac Coronary Thrombosis

Due to:

Due to:

Other conditions:

DURATION

420.1 (Include pregnancy within 3 months of death)

Major findings of operations:

94a Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell MD M. D. or other

Address: Marbury Md Date signed: June 28 50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1950
BUREAU V.S.

06193

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

100

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hughesville | LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Hughesville
STREET ADDRESS (If rural, give location) West of Hughesville 0.9 mile.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MARY	MARGARET	WOODLAND		June	28	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	negro		18 Sept 1880	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife.	—	St Marys Co. Maryland.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mitchell Davis	(?) Whalen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Son: Frances Woodland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
929.1 **Immediate cause**	(a) Asphyxiation by drowning	10 minutes.
183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Evulsion of scalp, caused by fall down well

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY FARM	(CITY OR TOWN)	(COUNTY)	(STATE)
		Hughesville	Charles Co.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☑	Not while at work ☐	HOW DID INJURY OCCUR?
6-28-50 11:30 a.m. p.m.			While watering a horse the reins, caught in the pump and pulled open the well cover, the deceased falling into well.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur O. Woodley.	A.B., M.D. Deputy Medical Examiner.	La Plata. Maryland.	28 June 50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/1/50	St Mary	Bryantown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-29-50	M L Thomas Reg	Hunt & Ryon	—
6/30/50	Julia H Posey		

VS. A15A

RECEIVED
JUL 3 1950
BUREAU V. O.